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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 5 1932	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephriti	8	1921	Run over by street car	I week ago	
Cerebral hemorrhage	BUREAU V.S	July 5, 1927	Peritonitis	3 days ago	
Other contributory cause	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

the Rolling of the South of the

S. No.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Talbot	CERTIFICATE OF DEATH
Village or City St. Michaels (No.	Registration Dist. No. 29/
Village or City DN Munally (No	St.: Ward)  St.: Ward)  A Barres  St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH FL 23, 1982  (Month) (Day) (Year)
april 5th, 1868 (Month) (Day) (Year)	17 J. HEREBY CERTIFY, That I attended the deceased from 1926 1937 to 726 23, 1932, that I last saw h Malive on Feb. 23, 1932
7 AGE   If LESS than   I day hrs.   S ds. or min.?	and that death occurred on the date stated above, at 530 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Coronary thromboses
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country) Talket Co. Ind.	Contributory Secondary  (Duration) 718 mos ds.
10 NAME OF FATHER James J. Barnes	(Signed) SY Muchaels M.S.
OF FATHER (State or country) Baltimore and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Louisa Plummer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Talbat Co. And  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Daniel P. Barnes	Former or usual residence
(Address) Royal Clark, Ind	St. michaela md stet 25, 1,32
Filed Feb 25 1932 John Huwalis	20 UNDERTAKER ADDRESS
If more blanks are needed, address tate Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

61937

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is loss definite; avoid cough; Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH STATE OF MARY CERTIFICATE OF DEATH EXACTEY, P Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give Its NAME Instend of stract and properly of certific number.) MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 16 DATE OF DEATH MARRIED may be WIDOWED OR DIVORCED (Write the word) pinou (Month)-(Day) I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH hat tlons (Month) and that death occured on the date stated above, at, 7 AGE ee instruc IIf LESS than I day hrs. The CAUSE OF DEATH \* was as follows: terms ESERVED 8 OCCUPATION (a) I rade, profession or particular kind of work carefully H In plain (b) General nature of industry business, or establishment in EATH In F æ which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country (Duration) O 5 (Signed) 0 S M 11 BIRTHPLACE OF FATHER S W Z white the Discase Causing Death, or, In deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Prospitals, Institutions, Transnform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs......ds. State..... yrs......mos......ds. (State or country) Q Where was disease contracted 3 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? shoi Every Item CIANS sho statement Former or usual residence. (Informant) . 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS Filed If more blanks are needed, address State Registrar, 16/W. Seratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (16state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, er," et.., without more precise specification as Day laborer, Farm lcborer, Laborer—Coal mine, etc. Wom-Never return 'Laborer,""Forcman,""Manager,""Dealworked on may form part of the second statement. (a) Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of household only ("at paid Housekeepers who receive a pution is very important, so that the relative health Foreman, For many occupations a single word or term on specifically the occupations of persons en-Compositor, win are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Salesman, (b) Locomotive engineer, Grocery;

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It has certificate is 1 oked over thoroughly and all questions answered in devail, it will prevent further correspondence. the answered and must be obtained before the certificate is permanently filed.

E S

STATE OF	MARILAND	CERTIFICATE OF DEATH UTS	) ]
1. PLACE OF DEATH		Registration Dist. No. 29	0
Village or City Easton		No Emergency Maspitalse,	Wa
LIM!	(If	death occurred in a hospital or institution, give its NAME astead of street and number	er)
Langth of residence in city or town where death	occurredyrsmos	Thousand In U.S. If of foreign birth?yrsmos	
2. FULL NAME ILIE daw	rence Des	wn	
(a) Residence: No. L. Alendon	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White 3	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Me word)	21. DATE OF DEATH Jebruary /9 , 193	2 (Year)
HUSBANO of HUSBANO of Or divorced HUSBANO of Oor) WHEE of Mrs. Mary	Brown	22. 7 I HEREBY CERTIFY. That I attended docean	ised fr
6. DATE OF BIRTH (month, day, end year)	inknown	Hest saw ham elive on 7et 19. 19.32; dea	th Is s
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, et land.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
26	ormin.	ware se follows:	e of on
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mer	RITTO A MINISTRA	
Industry or business in which		De Grand Prostonia	
work was done, es SILK MILL, SAW MILL, BANK, etc	11 7-14 (		
this occupation (month end	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	vare	Other Contributory Causes of importance:	
13. NAME THUL BL	MIN		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	aware	Name of operation of fair, Jules of draw Date of 2/1  Whet test confirmed diegnosis? To Strating Was there en autops	1/2/c
15. MAIOEN NAME Lydia 7	4000J	23. If death was due to externel causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	ρ. 1	Accident, sulside, or homicide? Date of injury,	19
7. INFORMANT 7.4 4 740	idealy.	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address)	ma of		
Plece Deston De	ne 2/2 1935	Manner of injury	
20. 871	1000		
19. UNDERTAKER (Address)	Cara il	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILEO 2/20 19 3 2 37	Al meaning	(Signed) W Walture	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
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Arteriosclerosis	INECEIVE!	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritia	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1932	July 5,1927	Perilonitis	3 days ago	
	BURBAU V. S	Ŷ			
Other contributory ca	uses of importance;		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

		61340
PLACE OF DEATH	STATE OF M	IARYLAND
County Talbot	CERTIFICATE	
	(31) Registration D	Pist. No. 292
Village or City On Son (No. 2FULL NAME Farrie & Carr	St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jeb 9	(Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atte	
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	above, at 19/6 Pm.
(a) Trade, profession or Relief		
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Manuel In	vis mos des.
9 BIRTHPLACE (State or eountry) Washington De	Decondary (Duration)	de.
FATHER SUNKNOWN	(Signed) 1922 (Address)	Dr. M. D.
OF FATHER  (State or country) Onlenous	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from try and (2) Whether
of Mother Mariah Vickers	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place In the	yrsmosds,
(Informant) The BEST OF MY KNOWLEDGE	if not at place of death?	
(Address) Easton Ind	Portown	Tel, 231, 1934
Filed Vet. 220 1922 Josepha Rose Registrar	James a Skince	Earlon M
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery;

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If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

BINDIN

FOR

MARGIN RESERVED

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Fallot	Registration Dist. No. 29
Village or City Oxford	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Langth of residence in city of own where death occurred 19 1915.	100 1016 III 0.0.11 0 1010 St. 0 1101 St. 0
2. FULL NAME fames adward Compa	4
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Geb. 21st 193.7 (Month) (Bay) (Yaar)
5a, tf married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Chat I attended daceased from
6. DATE OF BIRTH (month, day, and year) Oct 12 1864	I last sow have alive on Set. 197 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 5 29 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOMKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the spent in this spant in this	Chrone Interstitud neglicitus. June 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Gargene of Junes (Mod 1931
SAW MILL, BANK, etc	0 110
this occupation (month and 1910 spant in this 35)	·
12. BIRTHPLACE (city or town) Ballinge his.	Dther Contributory Causes of importance:
(State or country)	Cardiac embolion Jet 4-32
13. NAME Patrick Corway	
13. NAME Tatrick Commany 14. BIRTHPLACE (city or town) Seland.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Howley  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Lawrence & Comany (Addrass)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carion Wil Date Jet. 24, 1931	Natura of injury
19. UNDERTAKER ME VIEW LAIN Y Program (Address) Offerd has	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Set. 200 19 Ex Joseph Registrar.	(Signed) forest as took M.D.  (Address) Graphe Sud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  1 week a
Run over by street car
927 Peritonitis 3 days as
Other contributory causes of importance:
923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
UDDITIONAR	DI ZIVI	T. OIL	T. OTOTITIZATO	DYTTETTITION	DE	T TI T DI CITATA

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1931

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

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Other contributory causes of importance:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-TRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(n-a)
County Falber	Registration Dist. No. 292
Village or City Office	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 12 ds. How long in U.S. if of foreign birth?yrsmos,ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)  Surgle	21. DATE OF DEATH Sel. 30 , 193 2/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That t attended daceesed from
6. DATE OF BIRTH (month, day, end year) Sept 8. 1876	I lost Jaw haw alive on Set !! - , 1935; death is said
7. AGE Years Months Deys If LESS than 1 dey, Whrs.	the deve occurred on the dete steted above, et 3 _ a_m.
8 Trade profession or particular	Defrie Weer June 1931
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Some week June 1701
10. Data deceased lest worked at this occupation (month and Nov. 1914 spent in this yeer)	
12. BIRTHPLACE (city or town) Cyfrag (Stata or country)	Other Contributory Causes of Importance:
13. NAME Thomas Warrs.	J. Walletter J. V. S.
14. BIRTHPLACE (city or town) Palbor 60.	Name of operation
(Stete or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Many Rebecca, Mutebell  16. BIRTHPLACE (city or town) — Dovelester Go	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Aveluate - Co	Accident, suicide, or homicide?, 19, Whare did injury occur?
17. INFORMANT mo many R staves (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rear Offord Date Feb. 220, 1932	Mennar of injury
19. UNDERTAKER MIS hermany + Bro (Address) Oxford mis	24. Was diseasa or injury in eny way related to occupetion of deceesed? 200
20. FILED Set, 200 1937 Dodlastor. Registrar.	(Signed) orell as on M. D.  (Adgress) Shape was

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Gallstones	May 1,1923	Gastroenteritis	1 year

(159)		
Al-	Registration Dist. No. 24	
NO.	tion, give its NAME instead of street	Ward
death occurred in a normal or matter	f foreign birth?yrs	mosds.
St., Ward.		
	If nonresident give city or town	and State
MEDICAL CI	ERTIFICATE OF DEAT	Н
21. DATE OF DEATH	0, 7	
	ver. 10%	1932/
	(Month) (Day)	(Year)
	CERTIFY, That I atten	
	, 19, to	, 19
I last saw h alive on	, 19	; death Is said
to have occurred on the date state	d above, at// P_m.	
The PRINCIPAL CAUSE OF DEAT	H and releted causes of importance	
were as follows:		Date of onset
Prematu		
Vilmaly	nerma	
Other Contributory Causes of impo	ortance:	
other countries, cases of hispo	7.00.00	
	******************************	
Name of operation	Date	of
What test confirmed diagnosis?	Was there	an autopsy?
23. If death was due to external cau	ises (VIOLENCE) fill in also the follo	wing:
Accident, suicide, or homicide?	Date of injury	19
Where did injury occur?		
Tricle did injury occur:	(Specify city or town, county and n INDUSTRY, in HOME, or In PUBLIC	State)
Specify whether injury occurred Ir	INDUSTRY, in HOME, or In PUBLIC	C PLACE.
Manner of injury		
Neture of injury	***************************************	
	ay related to occupation of deceesed	, re
If so, specify	- P-P-P	
(Signed)	realism legu	ollar M.D.
(Address)	( orape mis)	
N Charles Samuel Bullium B.	TI C No	

Registrar.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### PLACE OF DEATH **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year 7 AGE IIILESS th. I day / h 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAME PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (Informant) (Address) Registras

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 79

St.: W	ard)	
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MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME irstead of street and number.)

16 DATE OF DEATH	vel.	10	7	192	3~
***************************************	(Month	)	(Day)	(Y	ear)
17 I HEREBY CE					
	.192 to	2			
that I last saw h			***************************************		
and that death occurred	on the date	stated	above, at	20	·
The CAUSE OF DEATH *					
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***************************************	**************		********		
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Secondary					
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(Signed)		CC	A /	5 X	141.
Ver 10 19237 CA	Address)	An	me	no	
*State the I is ase Violent Causes, state	Causing	Death,	or, in	deaths f	rem
Violent Causes, state Accidental, Suicidal or H	(I) Means omicidal.	of In	jury and	(2) Whe	ther
18 LENGTH OF RESIDE		Hasnit	tale Inst	itutlone	Tens
ients or Recent Resider		riospi	, 4:100	ications,	. rai
At place		In the			
of deathyrsmos,	ds.			mos	
Where was disease contracted					
if not at place of dea.h?					
not at place of deathr					
Former or usual residence		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Former or			DĄŢE	OF BUR	IAL
Former or usual residence		***********	Part Section	17	3.
Former or usual residence		200000000000000000000000000000000000000	DATE	117	1AL 19.3

If more b.anks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Every it

203 z

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Cool minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation At school, or At home. Cure should be taken

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) elanus) may be stated under the head of "contributory." Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory affection need Nomenelature Always qualify all " Shock," not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all quistions

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. item Village or City (If death occurred in a hospital or instituti on, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ds. How long In U.S. if of foreign birth? statement RECORD. (a) Residence: No If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than Years Months to have occurred on the dete stated above, at ..... I day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. were as follows: Date of onset Trade, profession, or particula NO kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc.\_\_ RESERVED be be Jo OCCUPAT may back Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent In this that year) .... occupation. instructions Other Contributory Causes of Importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) Whet test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?\_\_\_\_ carefully MOTHER 15. MAIDEN NAME important, in 23. If death was due to externel causes (VIOLENCE) filf in also the following: OF DEATH 16. BIRTHPLACE (city or town (Stete or country Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) 18. BURIAL, GREMATION OR REMOVAL Manner of injury CAUSE Neture of injury LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. (Address) .....

BINDIN

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 5 1932	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	- 2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
the state of the s				

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be should be carefully supplied. -Whirin PLAINLY, mation should be car

V. S. No. 1

5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH
County Tallot	Registration Dist. No. 293
Village or City Londova	No. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Joins Horse - In-	
(a) Residence: No. Cordora = Mid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	6tolo 3 1 193
5a If married widoward or diversal	(Month) 2 (Day) 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
	Det 24 , 19 32 to Jet 2 5/25 , 19
6. DATE OF BIRTH (month, day, and year) Nov-29 1926	I last saw h was alive on with 24/31, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5 12 27 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Muy Laberton Mrs
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this	Such Such
work was done, as SILK MILL, SAW MILL, BANK, etc.	Sever at
O 10. Date deceased last worked at this occupation (month and spent in this	1 1/25/3
year) occupation	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) Ballimore And	The continues of importance. Whoushow
(State or country)	Child died to for my
13. NAME John Horst	Second Visit Several months
14. BIRTHPLACE (city or town). Baltunore Md	Name of operation Dete of Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mildred Silkworth  16. BIRTHPLACE (city or town) Housing	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country) Remarka	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jam Hourt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sondova Ma	Managed Indiana
Place Condoro Date Feb 24, 1932	Manner of Injury
1 . 0 10	
19. UNDERTAKER James a Openion (Address)	24. Was disease or injury in any way related to occupation of deceased?
21 Al	(Signed) M. D. M. D. M. D.
20. FILED 7.26 , 1932 1 Je a Landrer	(Address) Cordora
4	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
			. •

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

RESERVED

MARGIN

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. /-	1921	Run over by street car	1 week ago		
1032	July 5,1927	Peritonitis	3 days ago		
U V. e:	May 1,1923	Other contributory causes of importance:	1 year		
	1032	1915 1921 July 5,1927 e:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

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Example II		
uses Date of onset		
1 week ago		
1 week ago		
3 days ago		
1 year		
_		

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other Contributory Causes of importance

Name of operation.

Where did injury occur?

OCCUP

Jo

statement

3. SEX

7. AGE

81

0

OCCUPAT

FATHER

MOTHER

CAUSE mation

S. No.

LION

(Sta

13. NA

should

S

item

1. PLACE OF DEATH

(a) Residence: No.

5a. If married, widowed, or divorcad

6. DATE OF BIRTH (month, day, end

Years

8. Trada, profassion, or particular

9. Industry or business in which

work was dona, es SILK MILL SAW MILL, BANK, etc .... Date deceased last worked at this occupation (month and

HUSBAND of

(or) WIFE of

te or	country)		
ΛE	Wes	Frazier	
		Martin Px	

14. BIRTHPLACE (city or town) (State or country)

123

16. BIRTHPLACE (city or (State or country

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrasa)

Manner of injury Netura of injury 24. Was disaase or injury in one way ralated to occupation of decaased?

What test confirmed diagnosis? \_\_\_\_\_ Was there en aulopsy?\_\_\_\_\_

(Specify city or town, county and State)

Accident, suicide, or homicide?\_\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_\_\_19.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

23. If death was due to external causes (VIOLENCE) fill in also the following:

If so, specify (Signed) (Address

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Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

County Fallow	Registration Dist. No. 291
Village or City	NoSt.,W
	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmos
0 - 0 50 0	
2. FULL NAME Chune Trances Mack	
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Condition (Day) (Year)
. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased f
(or) WIFE of James Wackey	apr 16- 1921 to get 200 103
DATE OF BIRTH (month, day, and year) and 434 1892	Hast sawh es alive on Get, 2002, 1932; death is:
AGE Years Months Days If LESS than	
59 5 29 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	P Date of the
	Gerebral hemorrhage Up 16,- 1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	" " Offi 10 1934
10. Date deceased last worked at this occupation (month and apr. 1918 11. Total time (years) 37 years	
BIRTHPLACE (city or town) Palboo Co	Other Contributory Causes of importance:
(State or country)	Cerebral Lemonhore Jek 13-19
13. NAME Sevige A Chose	
14. BIRTHPLACE (city or town) Salber Go.,	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Hester Tucholo	23. If death was due to extarnal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Salby 6.	Accidant, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT(Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Striker War Gold Date del 19 , 19 33	Nature of injury
UNDERTAKER Ne & heurnam polytra (Address)	24. Wes disease or injury In any way related to occupation of deceased? 200
FILED Sel 24 1932 Johnslaton	(Signed) Joseff allow
O. FILED Registrar.	(Address) Jaske and

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Chronic interstitial nephritis A ? 9 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STATAT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS' BY PHYSICIAN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PORRAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

N. E.—WRIPE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information-should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1,

STATE OF M	IARYLAND-	CERTIFICA	TE OF	DEATH
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1 PLACE OF DEATH	<u> </u>
Village or City Caston.	No. Omeraeucy Joan tal St. War
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. William Miller (Usual place of abode)	rylandst., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WII OR DIVORCED (write H	DOWED, 21. DATE OF DEATH 7
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from January 17, 1932, to February 26, 1932
6. DATE OF BtRTH (month, day, end year)	Clast saw his alive on Tel 26 19.32; daath is sai
7. AGE Years Months Days If Lt 1 dey,	to have occurred on the date stated abova, at
8 Trada profession or perticular	Carcerina plostate /14/32
Kind of werk done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month end year) 11. Total time (years spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / all to 60 .  (State or country)	respecteusion
13. NAME Saae Miller  14. BIRTHPLACE (city or town) Tallst Co,  (State or country)	Name of operation Duple Propies Cylola Deta of 1/8/5
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Sophia pueller	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sofahia puller  16. BIRTHPLACE (city er town) Tallet Co (State or Country)	Accident, suiside, or homicide?
17. INFORMANT Softia Caldwell (Address)	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wittman, Md. Date 2/29	Manner of injury
19. UNDERTAKER J. M. Marshall Md. (Address) J. Michaels Md.	24. Was disease er injury in eny wey ralated to occupation of deceasad?
20. FILED 2 / 2 7 19.32 M. J. ne.	(Signed) AD Stoble M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstituat nephritus	11921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	AT
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH of Should Registration Dist. No. Village or Cityat (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? yrs. mos. ds. statement Ward. (a) Residence: No. RECORD, If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) LNEZ (Day) (Month) (Year) classified. 5a, If married, widowed, or divorced HUSBAND of 22. . TIEY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than t day, ... hrs. Years Months The PRINCIPAL CAUSE OF DEATH and related causes of importance or 5-6 min. Date of enset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ 9. Industry or business in which may pluods work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE so that occupation Other Contributory Causes of Importance t2. BIRTHPLACE (city or town)\_G (Stata or country) in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town (Stata or country) What test confirmed diagnosis? \_\_\_\_ Was there an autopsy? carefully MOTHER important. t5. MAIDEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ...... Date of injury ...... t9. OF DEATH t6. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE nation Nature of injury LION 24. Was diseasa or Injury in any way related to occupation of decaased? **19. UNDERTAKER** (Address) If so, specify (Signed). 20. FILED & Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 Although	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
EUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterîtis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	N.

V. S. No. 1

	PLACE OF DEATH County Tal 15	STATE OF MARYLAND CERTIFICATE OF DEATH			
	P 4	Registration Dist. No. 290			
8	Village on City Leffer (No. 2FULL NAME Stuffers	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street ond number.)			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Ful 21, 1922  (Month) (Day) (Year)			
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from			
,	2-5/- 1837	2-2/- 1932. to 2-2/- ,1962.			
Ś	(Month) (Day) (Year)	that I last saw h			
lett de li	TAGE STAND MOS. ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:			
9	(a) Trade, profession or particular kind of work				
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.			
2	9 BIRTHPLACE (State or country) Cooker Med	Contributory Secondary  Durakon yts			
200	10 NAME OF PATHER WR. STAHON	(Signed) M. D.			
0	10 11 BIRTHPLACE				
	OF FATHER (State or country) Buss is will high	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	of MOTHER Maries Hay mond	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
	13 BIRTHPLACE OF MOTHER CAUSCULE G.	At place of deathyrsmosds. In the Stateyrsds.			
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?			
Statement of	n me cot	Former or usual residence			
	(Informant) (Address) Eastaway	19 PRATE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 21, 19 32			
	15 Filed 2/7/1929 M. Nelsels. Registrar	W. V. Stafford Caston			
	If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Barto, Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queser," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation If the occupation has been changed 6) cngineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all "Ezhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic ," "Coma," "Convulsions," etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA-PLAINLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be should be carefully supplied. TION is very important. mation

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 619	61
1. PLACE OF DEATH		
County Sablat	Registration Dist, No. 29	7.0
	NoSt.,St of death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmos	sds.
2, FOLL NAME Clience Pleat Ja	year.	
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Therese 4. COLOR OR RACE OR DIVORCED (write the word)  Therese Universe Or Divorced (write the word)	21. DATE OF DEATH Selv. Wat	193 */
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Huleain Leonard Farfor	22. I HEREBY CERTIFY, That I ettended do	
6. DATE OF BIRTH (month, day, and year) Word & - 1884	I last saw h. W alive on Set. 177 ,1937;	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at2 Qm.	
4) 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked etc.  11. Total time (years) spent in this ecupation (month and)	Elmonia Bradulis-Braduectases	1911-
work wes done, as SILK MILL, SAW MILL, BANK, etc		
10. Date decessed last worked et this occupation (month and yeer) 11. Total time (years) spant in this 28, occupation 28,		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:  Mayo-Cardillo Mor,	1931
	-	
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME / Seartha Weal  16. BIRTHPLACE (city or town)  (Stete or country)  Warth land	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT An & Gaylor Carlon Fund	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Cours Sud Date Fiel 73,19 3	Manner of injury	
19. UNDERTAKER J. Diegil Moore	24. Was disease or injury in eny way related to occupetion of deceased?	6
(Address) & A Recellan	If so, specify	
20. FILED Vel. 22", 1934 M. JV. / Lewer	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

V. S. No. 1

	S	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH	61962
1	. PLACE OF DEAT	TH L			(3)	0.100
	County Valle	M			Registration Dist. N	D. 290
	Village or City 69	rston			No. CMergeney Avaputal death occurred in a horpital or institution, give its NAME instead	St, Ward
	Length of residence in cit	or town where de	eath occurred		ds. How long in U.S. if of foreign birth?	
BP	. FULL NAME	tilles	11 7	1 -2 2 10 1 TL	-1	
1			15 514	rigew	St., Ward.	
	(a) Residence: No		(Usual place of	abode)	If nonresident give city	or town and State
	PERSONAL AN	D STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF	DEATH
=	Temale Be	R OR RACE	5. SINGLE, MARRI OR DIVORCED	ED WIDOWED,	21. DATE OF DEATH February (Month)	y 3, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, The	
6 1	DATE OF BIRTH (month, day	and year) -1	0-119	22	I last saw h alive on	
	AGE Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the data stated above, atm The PRINCIPAL CAUSE OF DEATH and related causes of im	
				ormin.	were as follows:	Date of onset
NO	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	orticular as SPINNER, PER. etc.	(		Stell borns	
CUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	which				
000	10. Date deceased lest wor this occupation (more year)	ked at	11. Total tim	ie (years) in this ation		
I2.	BIRTHPLACE (city or town)	Eag	ston		Other Contributory Causes of importance: Version deligery.	
ER	(State or country)  13. NAME LE PU	y Tha	mpson			
FATHER	14. BIRTHPLACE (city or to	wh)	0	<i>(</i>	Name of operation	Date of
	(State or country)	Ma	ryland		What test confirmed diagnosis?	Was there an autopsy?
HER	15. MAIDEN NAME	ma Gli	gabeth 1	Trown	23. If death was due to axternal causes (VIOLENCE) fill in also	the following:
MOT	16. BIRTHPLACE (city or to (State or country)	wn) Salt	lingare	<i>/</i>	Accident, sulcide, or homicide? Date of	injury, 19
	INFORMANT COMMIS	a Elizal	eth Tho	mpson	Where did Injury occur?(Specify city or town, of Specify whether Injury occurred in INDUSTRY, in HOME, or	ounty and State) in PUBLIC PLACE.
* 000	(Address) -au	dee 10 1	naryla	rd		
183	Place S MALQUE	6/2 / 1	Date 2 -	2 ,1922	Manner of injury	******************
19.	UNDERTAKER & ANGEL	egeli	ey Han	pital	24. Wes disease or injury in any wey related to occupation of	deceased?
20.	FILED 2/2	1932 /	JV. no	Registrar.	(Signed) (Address)	Willes M. D.
Section See a						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grecery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause o of importance were as	f death and related causes fellows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	LEECEN/EF	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1932	July 5,1927	Peritonitis	3 days ago	
<b>Mark</b>	PUREAU V.S.	ē,			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	- 1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

FOR

MARGIN RESERVED

V. S. No. 1

	PLACE OF DEATH County Tulier	STATE OF MARYLAND CERTIFICATE OF DEATH
	-00	Registration Dist. No. 294
1	Village or City (reglines (No.  2FULL NAME Frederick willi	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED WIDOWES OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) 2 (Day) (Year)
	6 DATE OF BIRTH  Fig. (Month) (Day) (Year)	that I last saw harvalive on Late 2 2 192 2.
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 540 P.m. The CAUSE OF DEATH was as follows: A deficiency
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds,
	which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs. mos. ds.
	10 NAME OF FATHER Josefle Lee huilson	(Signed) M. D. Fel- 4 192 R(Address) Talking Ref.
	Z (State or country)  12 MaiDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Name Marie Jakesa  13 BIRTHPLACE OF MOTHER (State or Country)	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfients or Recent Residents)  At place In the of deathyrs
	(Informant)	if not at place of dea h?
	(Address) Joseph Le melya	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Tet 73, 1932
1	15 Filed 1/2 2 1927 Af Justin	20 UNDERTAKER IN all It Michaels
1	If more banks are needed, addre.s ttate Kegistrar	r, 16 W Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (a) the kind of work and also (b) the duties of the

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

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